

## Highlights of this issue

By Kimberlie Dean

### Occupational mental health risks

Two papers in the *BJPsych* this month concern mental health risks arising from occupational exposures – one concerns intergenerational effects and the other focuses on the notion of moral injury; both relate particularly to occupational experiences in a military context. Fear *et al* (pp. 347–355) have considered the impact of military deployment and post-traumatic stress disorder (PTSD) in fathers on the emotional and behavioural well-being of their children. Paternal deployment to Iraq and Afghanistan was not associated with childhood emotional and behavioural difficulties but paternal probable PTSD was associated with childhood hyperactivity among boys and those aged less than 11 years. The authors discuss the evidence for preventative interventions to reduce psychological disorder in the children of parents with mental illness in the general population and emerging results from studies of interventions to improve parenting in military families.

Experiences that are potentially morally injurious, risking violation of deeply held moral beliefs, are known to be more likely to occur in certain occupational contexts and may have psychological consequences. In a systematic review and meta-analysis of 13 studies, Williamson *et al* (pp. 339–346) found some evidence to support a link between such experiences and, PTSD and depression. Less reliable associations were also found with hostility, anxiety and suicidality. The authors call for further and better-quality studies to be undertaken, particularly in non-military samples about which little is known.

### Treatments for anxiety disorders and alcohol dependence

In a meta-analysis of randomised controlled studies of psychological treatments for anxiety disorders that included follow-up assessments, Bandelow *et al* (pp. 333–338) found that gains obtained with psychological treatment were sustained up to 24 months. Such enduring effects were, however, also seen for medication treatment arms and, to some extent, for those in the placebo trial arms. The authors comment on the possibility of spontaneous remission and regression to the mean effects acting over long follow-up periods, along with genuine sustained or improving effects of treatment.

Treatment of alcohol dependence for those with liver disease is limited by the potential for pharmacological agents to cause hepato-

toxicity. The selective gamma-aminobutyric acid type B receptor agonist baclofen is an emerging candidate for treatment in this context but evidence is currently insufficient to justify its widespread use. Morley *et al* (pp. 362–369) conducted a randomised placebo-controlled trial of baclofen in a sample of individuals with alcohol dependence, with or without liver disease, and found that treatment at low-medium dose increased time to lapse, delayed relapse and increased days abstinent. The authors reflect on the nature of adverse events associated with baclofen, particularly the toxicity of the drug in overdose, and recommend that prescribing is limited to specialist services and should perhaps be avoided in particular high-risk patient groups.

### Suicide in Europe and comparative approaches to diagnosing depression in research

Suicide rates have been decreasing worldwide but it is not known whether the reduction has benefitted those in disadvantaged groups known to be at increased risk. Lorant *et al* (pp. 356–361) used data from the European-based Developing Methodologies for Reducing Inequalities in the Determinants of Health (DEMETRIQ) study to examine trends in socioeconomic inequalities in suicide across 15 countries between 1991 and 2001. They found an increase in the relative occurrence of suicides among those in the lowest compared with the highest educational groups over the decade of observation. In men, absolute and relative inequalities were substantial at both time points and did not decrease over time but, for women, inequalities were absent initially and emerged at the second time period. The authors comment on the differences in inequality trends between countries, having identified a rise in inequalities in some Northern and Eastern European countries in contrast to Southern European countries where inequalities remained low, as they did in England and Wales.

When establishing diagnoses of depression and other mental disorders in research samples, fully structured and semi-structured interview approaches have both been used but there are doubts about their equivalence. In a large individual participant data meta-analysis from 57 primary samples, Levis *et al* (pp. 377–385) found that among fully structured interviews, the Mini-International Neuropsychiatric Interview (MINI) identified more people who had depression than the Composite International Diagnostic Interview (CIDI), and that semi-structured and fully structured interviews did not appear to be interchangeable. Excluding the MINI, significant interaction was found between fully structured and semi-structured interview and depression symptom severity. The authors call on future similar research to replicate the findings reported.